| FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | |
|---|--|--|--|--|--|--|--|
| (1) CAROL COLEMAN CAMPAI | GN OFFICE USE ONLY | | | | | | |
| Name (2) 14224 STROLLER WAY Address (number and street) WOLINGTON, FL 33414 City, State, Zip Code | 10-05-11A10:44 RCVD | | | | | | |
| CHECK IF ADDRESS HAS CHANGED | (3) ID Number: | | | | | | |
| (4) Check appropriate box(es): Candidate (office sought): WELINGTON VILLAGE (WINCIL SEAT IB COMMITTEE Political Committee CHECK IF PC HAS DISBANDED Committee of Continuous Existence CHECK IF CCE HAS DISBANDED Party Executive Committee CHECK IF NO OTHER ELECTIONEERING | | | | | | | |
| (5) DEDORT | COMMUNICATION REPORTS WILL BE FILED IDENTIFIERS | | | | | | |
| Cover Period: From $O7/O1/11$ To | Report Independent Expenditure Report | | | | | | |
| (6) CONTRIBUTIONS THIS REPORT | (7) EXPENDITURES THIS REPORT | | | | | | |
| Cash & Checks \$ | Monetary Expenditures \$ | | | | | | |
| Loans \$ | Transfers to Office Account \$ | | | | | | |
| Total Monetary \$ | Total | | | | | | |
| In-Kind \$ | Monetary \$ | | | | | | |
| | (8) Other Distributions \$ | | | | | | |
| 9) TOTAL Monetary Contributions To Date \$ | | | | | | | |
| (11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) | | | | | | | |
| I certify that I have examined this report and it is true, correct, and complete. I certify that I have examined this report and it is true, correct, and complete. I certify that I have examined this report and it is true, correct, and complete. I certify that I have examined this report and it is true, correct, and complete. I certify that I have examined this report and it is true, correct, and complete. I certify that I have examined this report and it is true, correct, and complete. I certify that I have examined this report and it is true, correct, and complete. I certify that I have examined this report and it is true, correct, and complete. I certify that I have examined this report and it is true, correct, and complete. | | | | | | | |
| X GUMUL Signature | Signature Cultural | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CARUL COLEMAN CAMPAGN (2) I.D. Number 10-05-11A10:

| (3) Cover Period | 107,01,11 | throu | gh 9 / | 30/11 | (4) Page | <u>\</u> . | of \ |
|---------------------------------|--|-------|--------------------|-----------------------|--------------------------|----------------|------|
| (5) Date (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | | (8) pontributor | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) |
| 1 1 | No | HON | 5 | | | | |
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

| CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name CANCOL COLEMAN CAMPAILAN (2) 9.00 Number 0:47 RCVD (3) Cover Period 7 / 01 / 11 through 09 / 30 / 11 (4) Page 1 of 1 | | | | | | | | | | |
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| // | No expenditure | ?s — | | | | | | | | |
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